EXHIBIT C



DEATH CERTIFICATION

STATE FILE NUMBER: 139-09-031516

DECEDENT'S NAME: *LESTER BUGENE KIRKLAND

ARMED FORCES: NO

DATE OF BIRTH: MAY 19, 1955

TYPE OF PLACE OF DEATH: HOSPICE FACILITY

PLACE OF DISPOSITION: THOMAS MCAFEE CREMATION CENTER

DISPOSITION LOCATION: GREENVILLE, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

PLACE OF BIRTHE SOUTH CAROLINA

SURVIVING SPOUSE'S NAME: KAREN BRADY

FATHER'S NAME: LESTER EUGENE KIRKLAND SR

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: JUNE MORRELL SANDERS

INFORMANT'S NAME: KAREN FARMER

MAILING ADDRESS: 6 WALKING COURT, GREENVILLE, SC, 29607

FUNERAL HOME: THOMAS MCAFEE FUNERAL HOME, 639 N. MAIN ST/PO BOX 527 GREENVILLE, SC.

FUNERAL DIRECTOR: STEVEN K. HAWLEY

EMBALMER'S NAME: NOT EMBALMED

ACTUAL OR PRESUMED DATE OF DEATH: OCTOBER 22, 2009

ACTUAL OR PRESUMED TIME OF DEATH: 2323

CAUSINGE DEATH - PART I

VIDELY METASTATIC ADENOCARCINOMA OF THE OOLON

OCIAL SECURITY NUMBER: 250-84-2831

COUNTY OF DEATH: GREENVILLE

NAME AND ADDRESS OF PLACE OF DEATH: MCCALL HOSPICE HOUSE OF GREENVILLE, SIMPSONVILLE, SC 29680

DECEDENT'S RESIDENCE: 1836 WEST GEORGIA ROAD, SIMPSONWILLE, GREENVILLE COUNTY SC. 29680 MARITAL STATUS: MARRIED

LICENSE NUMBER: 1534

LICENSE NUMBER! ----

MANNER OF DEATH: NATURAL

AUTOPSY AVAILABLE? NA

OTHER SIGNIFICANT CONDITIONS - PART II:

HEPATIC ENCEPHALOPATHY

CORONER CONTACTED? NO

DATE OF INJURY: NA PLACE OF INJURY: NA

LOCATION OF INJURY: NA HOW THE INJURY OCCURRED?

CERTIFIER NAME AND TITLE: DR. PATRICK C CAREY

LICENSE NUMBER: 28742

CERTIFIER'S ADDRESS: 1836, W GEORGIA ROAD, SIMPSONVILLE, SC, 29680

DATE FILED: OCTOBER 28, 2009 DATE OF ISSUANCE: MARCH 20, 2017

SPECIAL INSTRUCTIONS:

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

AUTOPSY PERFORMED? NO

TIME OF INJURY: NA

Director and State Registrar

Shae R. Sutton Assistant State Registrar

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